



National
Aeronautics and
Space
Administration

Complaint of Discrimination

(Based on age, race, color, religion, sex, national origin
physical or mental handicap or retaliation.)

1. COMPLAINANT'S FULL NAME		2a. HOME PHONE NO. (include area code)		2b. WORK PHONE NO. (include area code)	
3. HOME STREET ADDRESS (P.O. Box or RD number)		4. CITY AND STATE (include ZIP code)			
5. NAME OF REPRESENTATIVE		6. ADDRESS OF REPRESENTATIVE			
7. NASA OFFICE YOU BELIEVE DISCRIMINATED AGAINST YOU					
a. NAME OF OFFICE		b. ADDRESS (street name and number, city state, and ZIP code)			
8. EMPLOYMENT DATA					
a. NOW WORKING IN THE FEDERAL GOVERNMENT <input type="checkbox"/> (1) YES (if checked, complete items 8b through 8d) <input type="checkbox"/> (2) NO (if checked, continue in item 9)		b. AGENCY NAME (include your organizational designation, job title and grade)			
c. STREET ADDRESS		4. CITY AND STATE (include ZIP code)			
9. DATE MOST RECENT ALLEGED DISCRIMINATION TOOK PLACE		a. MONTH		b. DAY	
				c. YEAR	
10. REASON WHY YOU BELIEVE YOU WERE DISCRIMINATED AGAINST					
a. BECAUSE OF AGE (specify)		e. BECAUSE OF SEX (specify)			
b. BECAUSE OF RACE (specify)		f. BECAUSE OF NATIONAL ORIGIN (specify)			
c. BECAUSE OF COLOR (specify)		g. BECAUSE OF PHYSICAL OR MENTAL HANDICAP (specify)			
d. BECAUSE OF RELIGION (specify)		h. BECAUSE OF RETALIATION (specify)			
11. EXPLAIN HOW YOU BELIEVE YOU WERE DISCRIMINATED AGAINST (treated differently from other employees or applicants) BECAUSE OF AGE, RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, PHYSICAL OR MENTAL HANDICAP OR RETALIATION (Continue on another sheet if more space is needed)					
12. HAVE YOU FILED A GRIEVANCE (negotiated or agency) OR APPEALED TO MSPB ON THIS <input type="checkbox"/> (a) YES <input type="checkbox"/> (b) NO					
13. I HAVE DISCUSSED MY COMPLAINT WITH AN EQUAL EMPLOYMENT OPPORTUNITY COUNSELOR (see <input type="checkbox"/> (a) YES <input type="checkbox"/> (b) NO NAME OF COUNSELOR (if item 13a is checked)					
14. CORRECTIVE ACTION YOU WANT TAKEN ON YOUR COMPLAINT					
15. SIGNATURE OF COMPLAINANT OR DESIGNATED REPRESENTATIVE				DATE OF COMPLAINT (month, day, year)	